

**Attachment to ACLA 03-05:
METHADONE MAINTENANCE
AND
TREATMENT SUCCESS
FOR THE SACPA OFFENDER**

The Department of Alcohol and Drug Programs has completed a summary of three documents representative of current opinions and research by specialists in addiction medicine and AOD treatment regarding Opioid addiction treatment. Opioid addiction treatment is the generic term used to refer to the various treatment modalities employed to treat opioid dependent individuals.

The Federal Substance Abuse and Mental Health Services Administration has approved approximately 1,050 opioid treatment programs, serving about 205,000 patients on any given day. These programs are also required to be registered with the Drug Enforcement Administration and are subject to regulation by both the Federal and State Governments.

Below are the highlights of the research:

“Opiate Initiative Evidence Summary” - Prepared by Mark Willenbring, M.D. for the VA QUERI Opioid Treatment Initiative for VA Headquarters, Washington, D.C. This document is a guideline for all VA methadone maintenance programs.

VA QUERI advocates the use of Opioid Agonist Therapy (OAT) in the treatment of individuals addicted to narcotics or opioids. The evidence summary compiles findings from a survey of 172 OAT programs nationwide. Among the findings:

- **Psychosocial Improvement:** Retention in OAT reduces heroin use, criminality, drug-injection related health risk behaviors, HIV infection rates, and mortality.
- Patients receiving OAT are at one-quarter the risk of dying compared to addicts who are not currently receiving OAT.
- **Successful Discontinuation:** The number of patients who can achieve a narcotic free state is low. Even among patients who express high motivation to “detox” and who are identified by clinic staff as “rehabilitated” and ready for discharge, the majority return to narcotic use.
- **Abstinence Ideology:** Some drug treatment professionals believe in “abstinence orientation,” characterized by beliefs that it is unethical to maintain patients on an opioid agonist indefinitely and that the goal of any treatment program should be abstinence from all substances including opioid agonists. Programs whose physicians were more committed to an abstinence orientation had a significantly greater rate of premature program discharges.

- **Indefinite Maintenance:** Given the dire consequences to the addict and the cost to society of a return to injecting heroin (e.g., increased criminality, HIV infection rates, and mortality), indefinite maintenance in OAT is the only satisfactory treatment alternative for opiate dependence.
- **Methadone is the 'Gold' Standard:** To date, treatment using methadone or LAAM (Levo-Alpha Acetyl Methadol, a medication therapy for individuals addicted to opiates that provides an alternative to methadone) has been demonstrated to be effective with patients having a history of opiate dependence of more than one year. Medication modalities include maintenance, short-term detoxification and long-term detoxification. Indefinite maintenance on methadone or other approved medications used in OAT is the only satisfactory treatment alternative for opiate dependence.

“Leaving Methadone Treatment: Lessons Learned, Lessons Forgotten, Lessons Ignored” - Prepared by Stephan Magura, Ph.D. and Andrew Rosenblum, Ph.D., National Development and Research Institutes, Inc. The Mount Sinai Journal of Medicine Vol. 68, No. 1 January 2001.

This paper reviews the published research literature on **post-discharge outcomes** of patients exiting from methadone maintenance programs. Virtually all of these studies document high rates of relapse to opioid use after methadone treatment is discontinued.

- **21-Day Detoxification:** Research has also shown that outcomes have generally been poor after short-term heroin/opiate detoxification; almost all detoxified addicts rapidly relapse to heroin/opiate use.
- **Ideological Issues:** There have been expressed concerns about the ethics, wisdom, necessity, and expense of maintaining addicts on opiate replacement indefinitely, possibly for the rest of their lives. Lifelong maintenance is not ideologically appealing, but the empirical evidence strongly suggests that premature discontinuation puts the patient at great risk. Until more is learned about how to improve post-discontinuation outcomes for methadone patients, treatment providers and regulatory/funding agencies should be very cautious about imposing disincentives and structural barriers that discourage or impede long-term (chronic) opiate replacement therapy.
- **Premature Discontinuation:** Most patients who left methadone treatment were not identified by their clinic as therapeutically ready for discharge; and, among patients who began a therapeutically planned discharge, most left methadone treatment before completing their tapering schedule.
- **Discontinuation Risks:** The detrimental consequences of leaving methadone treatment are dramatically indicated by greatly increased death rates following discharge. Criminal-legal involvement,

incarcerations, and hospitalizations appear to be great risks for former methadone maintenance patients.

“Methadone Maintenance vs. 180-Day Psychosocially Enriched Detoxification for Treatment of Opioid Dependence – A Randomized Controlled Trial” - prepared by Karen L. Sees, DO, Kevin L. Delucchi, Ph.D., Carmen Masson, Ph.D., Amyu Rosen, Psy.D., H. Westley Clark, M.D., Helen Robillard, RN, MSN, MA, Peter Banys, M.D., and Sharon M. Hall, Ph.D., Department of Psychiatry, University of California, Francisco and San Francisco Veterans Affairs Medical Center. Journal of the American Medical Association (JAMA), March 8, 2000, Vol. 283, No. 10.

The NIDA-sponsored UCSF Treatment Research Center attempted to make “detoxification” successful by increasing the duration from 21 days to six-months and by providing very intensive support services such as counseling, group therapy, education, and vocational advice. This was compared to standard methadone maintenance without all of the therapeutic enrichments. Regrettably, once methadone reached low dosage levels in the 180-Day Detoxification group, dropout and heroin relapse rates dramatically increased.

- **MMT Better than Detox:** Methadone Maintenance Treatment (MMT) has been shown to improve life functioning by increasing retention and decreasing heroin use better than long-term (six month) detoxification.
- **MMT Reduces Risk Behaviors:** MMT decreases criminal behavior; drug use practices, such as needle sharing, that increase transmission risks for human immunodeficiency virus (HIV) and Hepatitis C (HCV).